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PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

114e

09356

CERTIFICATE OF DEATH

Reg. Distr. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Lonaconing

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Warren Webster Adams

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Warren M.

7. Birth date of deceased (mo., day, yr.): November 9, 1898

8. AGE: Years: 48 Months: 10 Days: 26 If less than one day: hrs: min: 00

9. Birthplace: Somerset, MD (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Bldg. Steel Co., Baileys

12. Name: Eugene Adams

13. Birthplace: MD

14. Maiden name: Warren Baker

15. Birthplace: MD

16. Informant: Warren M. Adams

Address: Cresfield, MD

17. (Burial, cremation, or removal, Which?) Date thereof: Oct. 8, 1947

(month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: Cresfield, MD

18. Funeral director: W. E. Leall & Son

Address: 306 Main St, Lonaconing, MD

19. Oct. 13, 1947 Janice Edna
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD

County: Somerset

City or town: Lonaconing

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1719

(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3. (b) Social Security Number

212-12-3113

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 5 - 1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5, - 9 AM 1947 to Oct. 5 - 1 PM 1947 and that I last saw him alive on Oct. 5 - 1947

Immediate cause of death:

Pulmonary Fibrosis
With Acute Dz -
Compensation

Due to:

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

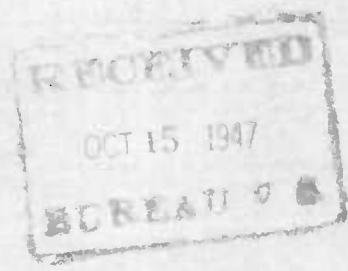
Means of Injury

Injured at work?

23. SIGNATURE: W. E. Leall

M. D. or other

Address: Cresfield Date signed: Oct. 6-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

Reg. Dist. No. 260

09357

1. PLACE OF DEATH:

County

Somerset

City or town

(If outside city or town limits, write RURAL and give nearest town)

Westover

How long in above place of death?

76 yrs. 10 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Anne Ballard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fe

Col.

Married

6. (b) Name of husband or wife

Harri Ballard

7. Birth date of deceased (mo., day, yr.)

Dec. 11, 1871

8. (c) If alive, give age 88 years

8. AGE:

Years Months Days If less than one day

75 10

hrs. min.

9. Birthplace

Somerset, Cottage Grove, Md.

(Town, county, and state)

10. Usual occupation

Seafood

11. Industry or business

William Ballard

12. Name

Cottage Grove, Md.

13. Birthplace

Markish Ballard

14. Maiden name

Cottage Grove, Md.

15. Birthplace

Anne Thompson

16. Informant

2416 N. 2nd St. Chester, Pa.

Address

Burial

Date thereof Oct. 14, 1947
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cottage Grove

Location

Westover, Md.

18. Funeral director

Charles H. Ward

Address

Maine St., Md.

19. (Date rec'd by registrar)

10/14/47 R. S. Johnson M.D.

Date rec'd by registrar

7d. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Somerset

City or town

Westover (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14, 1947 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Tuesday 15th 1947 to Oct. 14, 1947

and that I last saw her alive on Oct. 14, 1947

Immediate cause of death

Diabetes mellitus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work

23. SIGNATURE George G. Mansmann M. D. or other

Address Princess Anne, Md. Date signed 10/13/47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 265

9529

1. PLACE OF DEATH:

County

Somerset

City or town

Dorchester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

before

Hospital, institution, or street address where death occurred

Ms. Deaderay Memorial Hosp

How long in hospital or institution?

18 mo.

3. (a) FULL NAME

Amy Louisa Branch

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

B. (b) Name of husband or wife

Arthur B. Deaderay

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

February 15, 1871

8. AGE:

Years Months Days If less than one day

76 7 27 hrs. min.

9. Birthplace

Maine State M.D.

(Town, county, and state)

10. Usual occupation

None except

11. Industry or business

None

MOTHER FATHER

12. Name

Joseph Louisa

13. Birthplace

Md

14. Maiden name

Mary Branch

15. Birthplace

Md

16. Informant

Mrs. Alice Sterling

Address

Main St., Dorchester Md

17. Burial

Date thereof Oct 14, 1947

(Month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Sunny Ridge

Location

Dorchester, Md

18. Funeral director

Deaderay & Deaderay

Address

306 Main St., Dorchester

19. Oct. 14

1947

(Date rec'd by registrar)

Janice E. Spies

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Somerset

City or town

Dorchester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Main St

(If rural, give LOCATION)

2.(a) If veteran, name war

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 14

1947 at 9:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 1, 1946, to Oct 12, 1947

and that I last saw her alive on Oct 12, 1947

Immediate cause of death Cerebral hemorrhage

and she went

DURATION

5 days

Due to Cerebral hemorrhage

and she died

years

Due to Cerebral hemorrhage

and she died

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George Schillman M.D.

M. D. or other

Address

Main St. Dorchester

Date signed

Oct 14, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09358

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

Somerset

County

Kingston

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rural, at home

How long in hospital or institution? //

3. (a) FULL NAME

Medora Turpin Dashiell

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

A. T. Dashiell

6.(b) Name of husband or wife

6.(c) If alive, give age

61

years

7. Birth date of deceased (mo. day, yr.)

February 13, 1882

8. AGE:

Years
65Months
7Days
23

It less than one day

hrs.

min.

9. Birthplace

Kingston-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Postmistress

11. Industry or business

Post Office

MOTHER FATHER

12. Name

Alfred B. Turpin

13. Birthplace

Kingston, Md.

14. Maiden name

Elizabeth Bell

15. Birthplace

Crisfield, Md.

16. Informant

A. T. Dashiell

Address

Kingston, Md.

17. Burial

Date thereof Oct 8, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Episcopal Cemetery

Location

Princess Anne, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. Date rec'd by registrar

Oct. 10, 1947

(Date rec'd by registrar)

Nellie Dryden

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Somerset

City or town Rural, Kingston

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war //

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 6, 1947 at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1947 to Oct. 6, 1947

and that I last saw her alive on Oct. 5, 1947

Immediate cause of death

acute dilation of heart

Chronic myocarditis Chronic

Due to nephritis -

DURATION

Jan. 1, 1947 to

Due to

Other conditions

canceroma of Breast

& metastasis in lung & bones

(Include pregnancy within 3 months of death)

Major findings at operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George C. Boethum M.D.

M. D. or other

Address Marion, Md. Date signed Oct. 10, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09359

CERTIFICATE OF DEATH

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: *Somerset*
 County: *Maryland*
 City or town: *Maryland*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *2 months*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Edward Thos. Davis

4. Sex: <i>male</i>	5. Color or race: <i>white</i>	6.(a) Single, married, widowed, or divorced: <i>married</i>	
6.(b) Name of husband or wife: <i>Eleanor Davis</i>			
7. Birth date of deceased (mo., day, yr.) <i>June 15, 1891</i>			
6.(c) If alive, give age <i>54</i> years			
8. AGE: Years <i>56</i>	Months <i>2</i>	Days <i>19</i>	If less than one day hrs. <i>.....</i> min. <i>.....</i>
9. Birthplace: <i>Accomac Co. Virginia</i> <small>(Town, county, and state)</small>			
10. Usual occupation: <i>Laborer</i>			
11. Industry or business: <i>Farm Work</i>			
MOTHER FATHER	12. Name: <i>Henry Davis</i>		
	13. Birthplace: <i>Virginia</i>		
MOTHER	14. Maiden name: <i>Arrie Timmell</i>		
	15. Birthplace: <i>VA, Virginia</i>		
16. Informant: <i>Mrs. Davis</i>			
Address: <i>Maryland, Md.</i>			
17. Burial, cremation, or removal. Which? <i>Burial</i>	Date thereof: <i>10/7/47</i>		
Cemetery or crematory: <i>Evergreen</i>			
Location: <i>Bethel, Md.</i>			
18. Funeral director: <i>Anna D. Burbage</i>			
Address: <i>Bethel, Md.</i>			
19. Date rec'd by registrar: <i>Oct. 13 1947</i>	Janice E. Davis	Registrar	

131a
 2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: *Maryland* County: *Somerset*
 City or town: *Maryland* Rural: *Rural*
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: *.....*
 (If rural, give LOCATION)

2.(a) If veteran, name war: *.....*

3. (b) Social Security Number

215-20-0061

MEDICAL CERTIFICATION

20. DATE OF DEATH: *October 4, 1947, at 10:30 A.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *September 27, 1947, to October 4, 1947* and that I last saw him alive on *October 1st, 1947*.Immediate cause of death: *Acute Dilatation of Heart*Due to: *Chronic myocarditis*
*Chronic Lat. Nephritis*Due to: *.....*Other conditions: *.....*

(Include pregnancy within 8 months of death)

Major findings of operations: *none*Date of op. *.....*Autopsy results: *.....*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *.....* Date of: *.....*Where did injury occur? *.....* (City or town) *.....* (County) *.....* (State) *.....*Injured at home, farm, industry, public place (where?) *.....*Means of injury *.....* Injured at work? *.....*23. SIGNATURE: *Gauge C. Lathrum, M.D.*
 M. D. or other: *.....*Address: *Maryland, Md.* Date signed: *Oct 4, 1947*



100-100
Keweenaw
Michigan
Upper Peninsula
USA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1910

09360

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Mariion Md.
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Charles Henry Fontaine

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Lillie Fontaine

Somerset C 6.(c) If alive, give age 80 years
T. Birth date of deceased (mo., day, yr.) Dec 24 - 1890

8. AGE: Years 56 Months 0 Days 3 If less than one day

hrs. min. Dec 24

9. Birthplace Somerset C
(Town, county, and state)

10. Usual occupation General work

11. Industry or business Robert Fontaine

12. Name Fannie Fontaine

13. Birthplace Fannie Fontaine

14. Maiden name not known

15. Birthplace Lillie Fontaine

18. Informant Lillie Fontaine
Address Mariion Md.

17. Burial Burial Date thereof Oct. 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church Cemetery

Location Jamestown Md

18. Funeral director George W. Gilham

Address Mariion, Md.

19. Oct. 27 1947 Nellie Dryden
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Mariion Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27th 1947 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at intervals August 1947 to October 27, 1947

and that I last saw him alive on October 26, 1947

Immediate cause of death Acute dilatation

of heart - coronary occlusion

Paroxysmal tachycardia

Due to Chronic nephritis

+ General arteriosclerosis

DURATION 24 hrs.

Due to: _____

Other conditions: _____

(Include pregnancy within 8 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

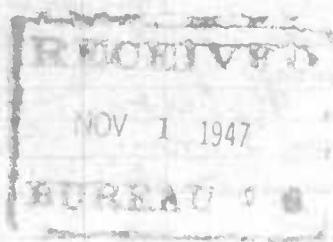
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE George W. Gilham M. D. or other

Address Mariion, Md. Date signed Oct 27, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09361

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

McCready Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Lula Harrison

4. Sex

Female

5. Color or race

Col.

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Isaac Henry Fontaine

7. Birth date of deceased (mo., day, yr.)

January 1st 1889

6.(c) If alive, give age years

8. AGE:

Years 58 Months 9 Days 13 If less than one day hrs. min.

9. Birthplace

Cottage Grove, Maryland

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

12. Name

George Ballard

13. Birthplace

Somerset Co., Md.

14. Maiden name

Florence Strugis

15. Birthplace

Somerset County, Md.

16. Informant

Isaac Fontaine

Address

Hampton Av., Princess Anne, Md.

17. Burial

Date thereof Oct 10, 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory

House of Jacob

Location

Chance, Maryland

18. Funeral director

J. Edgar Thomas

Address

Accomac, Virginia

19. Oct. 18 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset

City or town... Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No. 518 Hampton Av,

(If rural, give LOCATION)

2.(a) If veteran, name war

Fontaine

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 15, 1947 to October 14, 1947

and that I last saw her alive on October 13, 1947

Immediate cause of death

Acute dilation of heart
with partial coronary occlusion

DURATION

Due to

Chronic heart nephritis

Due to Chronic myocarditis
& diabetes mellitus

Other conditions

General arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George G. Coulburn M.D.

M. D. or other

Address... Marion, Md. Date signed 10/15/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09362

CERTIFICATE OF DEATH

Reg. Dist. No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Somerset
County.....
City or town..... Westover, R. F. D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Route 13. Westover, R. F. D.

How long in hospital or institution?

3. (a) FULL NAME

Juliania Grunhold

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband/wife..... William Grunhold

7. Birth date of deceased (mo., day, yr.) September 21. 1862

8. AGE:	Years	Months	Days	If less than one day
	85	0	13	hrs. min.

9. Birthplace..... Bordonia N. Y.
(Town, county, and state)

10. Usual occupation..... House Wife

11. Industry or business

MOTHER/FATHER	12. Name..... Martin Krioll
---------------	-----------------------------

MOTHER/FATHER	13. Birthplace..... Germany
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MOTHER	14. Maiden name..... Mary Dehn
--------	--------------------------------

MOTHER	15. Birthplace..... Germany
--------	-----------------------------

16. Informant..... Mr William Grunhold, Son

Address..... Westover, Somerset Co., R. F. D.

17. Burial..... Date thereof..... 10/7/1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Manokin Presbyterian Cemetery

Location..... Princess Anne, Somerset Co., Md.,

18. Funeral director..... Howard A. Gill

Address..... Pocomoke City, Maryland

19. (Date rec'd by registrar) Oct 6 1947 Mrs Clayton Davis
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland	County..... Somerset
City or town..... Westover, R. F. D.	(If outside city or town limits, write RURAL and give nearest town)
Street No.....	(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 4. 1947 at 5 Pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death..... Cardiac Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Date signed 10/6/47

RECEIVED

OCT 8 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

00363

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Somerset

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

75 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

3 Hudson St.

Now long in hospital or institution?

111111

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Hudson Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Betty Hoffman

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

David W. Hoffman

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1853

8. AGE: Years Months Days If less than one day
94 1 4 hrs. min.

9. Birthplace Hacks Neck-Accomac-Va.

(Town, county, and state)

Housewife

10. Usual occupation

Home

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Mary Ward

15. Birthplace Northhampton Co., Va.

16. Informant Mrs. Agnes Hoffman

Address Crisfield, Md.

17. Burial Date thereof Oct 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Crisfield Cemetery

Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Oct. 25 1947 Janice E. Spikes
(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1947 at 12:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7 1947 to Oct 11 1947

and that I last saw her alive on Oct 11 1947

Immediate cause of death

Heart Block

(Adams-Stokes' Syndrome)

Due to Anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Payton M.D.

M. D. or other

Address Crisfield, Md. Date signed Oct 14

RECEIVED

OCT 27 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09364

CERTIFICATE OF DEATH

Reg. Dist. No. 21621

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Color

single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age..... years

November 16-1910

8. AGE: Years

Months

Days

If less than one day

36

11

9

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Virginia

10. Usual occupation.....

None

11. Industry or business

MOTHER FATHER

12. Name.....

Jessie Jones

13. Birthplace.....

Virginia

14. Maiden name.....

Lizzie Peoples

15. Birthplace.....

Virginia

16. Informant.....

Lizzie Spade

Address.....

Rural Westover Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Oct

28

-1947

Cemetery or crematory.....

Tindley Cemetery

Location.....

Rural Poconos Md.

18. Funeral director.....

Henry S. Watson

Address.....

Poconos Md.

19. Date rec'd by registrar.....

Oct 27 1947

Registrar.....

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

October 25 1947 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 21 to Oct 25 1947

and that I last saw h. deceased alive on Oct 23 1947

Immediate cause of death.....

Pulmonary tuberculosis

2 yrs

Due to.....

General Arthritis

Toxins of disease

Death Tonsils

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

Eduard G. Mason

M. D. or other

Address..... Date signed.....

RECEIVED

OCT 29 1947

BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09365

265

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset

City or town Somersfield (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? before

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Wiley R. Dawson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife John W. Dawson

7. Birth date of deceased (mo., day, yr.) January 31 1879

8. AGE: Years 68 Months 8 Days 18 If less than one day hrs. min.

9. Birthplace Somersfield, Md. (town, county, and state)

10. Usual occupation Operator

11. Industry or business B. V. W. Co.

12. Name James C. Sterling

13. Birthplace Somersfield, Md.

14. Maiden name Sue Hughes

15. Birthplace Va

16. Informant John W. Dawson

Address Assembly Ave., Somersfield, Md.

17. Burial Date thereof Oct 21 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Somersfield, Md.

18. Funeral director Hubbard & Lownes Sons

Address Somersfield, Md.

19. Date rec'd by registrar Janice Edgins

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Somersfield (If outside city or town limits, write RURAL and give nearest town)

Street No. Assembly Ave. (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

212-00-5283

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1947, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1947, to Oct 19 1947

and that I last saw him alive on 19.

Immediate cause of death Tuberculosis pneumonia DURATION

Pulmonary congestion 2

and pleural effusion 2

Due to Pulmonary tuberculosis 2

Due to 19.

Other conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

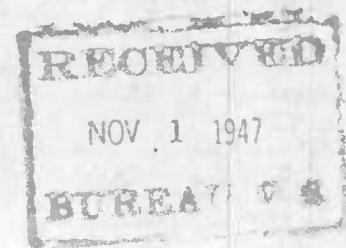
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. G. Ranley M.D. M. D. or other

Address Fairfield, Md. Date signed 10/20/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09366
466

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County *Somerset*
*Oriole*City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

*George R. Maddox*4. Sex *M.* 5. Color or race *Col.* 6.(a) Single, married, widowed, or divorced *Married*6.(b) Name of ~~husband~~ wife *Mary Maddox* 787. Birth date of deceased (mo., day, yr.) *Sept. 14, 1877* 6.(c) If alive, give age *78* years8. AGE: Years *73* Months Days If less than one day hrs. min. 9. Birthplace *Oriole, Somerset, Md.* (Town, county, and state)10. Usual occupation *Seafood.*11. Industry or business *Tittleton Maddox*MOTHER FATHER 12. Name *Henrietta Maddox*13. Birthplace *Oriole, Maryland*14. Maiden name *Unknown*15. Birthplace *Unknown*16. Informant *Henrietta Brashaw*Address *Nanticoke, Md.*17. Burial Date thereof *Oct. 12, 1947* (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *Saint James*Location *Oriole, Md.*18. Funeral director *Charles H. Ward*Address *Marion St., Jr.*19. *10/11/47* *1947* *R. A. Johnson* *Wm. J. Registrar* (Date rec'd by registrar) (Date) (Name) (Title)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Md.* County *Somerset*City or town *Oriole* (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION) _____

2.(a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 10 1947 at 10 A.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug 20 1947* to *Oct 1 1947*, and that I last saw him alive on *Oct 1 1947*.Immediate cause of death *Carcinoma of stomach*DURATION *2 year*

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE *Frank Waters* M. D. or other *Princess Anne*Address *Princess Anne* Date signed *10/11/47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131b

09367

Reg. Dist. No.

261

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Somerset

City or town Rural, Kingston, Md.

(If outside city or town limits, write RURAL and give nearest town)

29 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Rural, Kingston, Md.

How long in hospital or institution?

1111

3. (a) FULL NAME

Thomas Luther Marshall

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Flora Marshall

7. Birth date of deceased (mo., day, yr.)

March 18, 1881

6.(c) If alive, give age 66 years

8. AGE: Years

66

Months 7

Days 10

If less than one day

hrs.

min.

9. Birthplace

Winston-Salem, N. C.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Agriculture

MOTHER FATHER

12. Name

Thomas Marshall

13. Birthplace

Winston-Salem, N. C.

14. Maiden name

Elizabeth Haines

15. Birthplace

Winston-Salem, N. C.

16. Informant

Mrs. Mortimer Davis

Address

Marion, Maryland

17. Burial

Date thereof Oct. 30, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rehobeth Presbyterian Cem

Location

Rehobeth, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

October 30, 1947

Nellie Dryden

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Somerset

City or town RURAL

Kingston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 28, 1947, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 18, 1947, to October 28, 1947,

and that I last saw him alive on October 20, 1947.

Immediate cause of death

*Congestive Occlusion, acute
Cerebral Thrombosis.
Chronic Respiratory Disease
Due to
Arteriosclerosis*

DURATION

1 day

years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George O. Bullock M.D.

M. D. or other

Address

Merion St. Md Date signed Oct 30, 1947

RECEIVED

NOV 8 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69513

50

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:

238 N. Somerset Ave.

How long in hospital or institution?

|||||

3. (a) FULL NAME

Nellie Jane Nelson

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6. (b) Name of husband or wife.....
|||||

7. Birth date of deceased (mo., day, yr.)
March 20, 1891

8. AGE: Years	Months	Days	If less than one day
56	6	29hrs.min.

9. Birthplace..... Crisfield-Somerset-Md.
(Town, county, and state)

10. Usual occupation..... Schoolteacher

11. Industry or business..... Education

12. Name..... G. Thomas Nelson

13. Birthplace..... Crisfield, Md.

14. Maiden name..... Annie Laird

15. Birthplace..... Crisfield, Md.

16. Informant..... Mrs. Lena Hinman

Address..... Somerset Ave., Crisfield

17. Burial..... Date thereof Oct 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Peters Cemetery

Location..... Rural, Crisfield, Md.

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Md.

19. Nov. 10, 1947 Nellie Dryden
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No..... 238 N. Somerset Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 19, 1947 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1, 1946, to Oct 19, 1947

and that I last saw her alive on Oct 19, 1947

Immediate cause of death.....

Accub. Die 7 heart

Due to..... Arteriosclerosis of heart, mitral regurgit. - Chest. insuff. 2 years

Due to..... Spur. pneum. & Pneum.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Guy C. Coyle, M.D. M. D. or other

Address..... Marquette Ave. Date signed Oct 21, 1947



PLEASE WRITE PLAINLY, WITH UNADING INK. Supply every item of information carefully. The correct page
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09368

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Somerset

City or town

Princess Anne, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Donovan William Pasquith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

married

6. (b) Name of husband or wife

Martha Pasquith

7. Birth date of deceased (mo., day, yr.)

July 23, 1913

6. (c) If alive, give age years

8. AGE:

Years Months Days It less than one day

34 hrs. min.

9. Birthplace

Princess Anne, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Building Carpenter

MOTHER FATHER

Henry Pasquith

Ortale, Md.

Katie M. Hastings

Ortale, Md.

Mrs. Bessie Pasquer

Princess Anne, Md.

Burial

Date thereof Oct 18, 1947

(Burial, cremation, or removal. Which)

(month) (day) (year)

Presbyterian Cemetery

Princess Anne, Md.

Dale Blackwell

Address Princess Anne, Md.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State

Md. County Somerset

City or town

Princess Anne, I.

Street No.

Route #1

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1947 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16 1947 to Oct. 16 1947

and that I last saw her alive on October 15 1947

Immediate cause of death Pulmonary Tuberculosis

Duration 10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

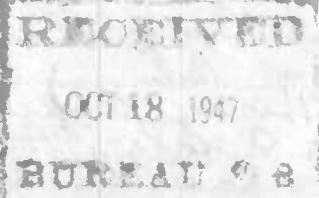
Means of injury

Injured at work?

23. SIGNATURE

Frank Meader, Jr. M. D. or other

Address Princess Anne Date signed 10/17



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09369

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: Somerset
 County: Shelltown
 City or town: (If outside city or town limits, write RURAL and give nearest town) Lifetime
 How long in above place of death?
 Hospital, Institution, or street address where death occurred: Rural
 How long in hospital or institution? //

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Somerset
 City or town: Rural, Shelltown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Rural
 (If rural, give LOCATION)

3.(a) FULL NAME
 James F. Powell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife
 Julia Powell

7. Birth date of deceased (mo. day, yr.)
 July 26, 1876

6. (c) If alive, give age 67 years

8. AGE: Years Months Days If less than one day
 71 2 12 hrs. min.

9. Birthplace
 Shelltown-Somerset-Md.
 (Town, county, and state)

10. Usual occupation
 Retired Farmer

11. Industry or business
 Cattle-Poultry

12. Name
 John A. Powell

13. Birthplace
 Somerset Co., Md.

14. Maiden name
 Mary Riggan

15. Birthplace
 Somerset Co., Md.

16. Informant
 Mrs. Julia Powell

Address
 Shelltown, Md.

17. Burial Date thereof Oct 10, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory
 Rehobeth Baptist Cemetery

Location
 Rehobeth, Md.

18. Funeral director
 H. Harvey Bradshaw

Address
 Crisfield, Md.

19. Oct 14 1947 Mrs Clayton Davis
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

Oct 8 1947 at 10:30 P.M.

20. DATE OF DEATH
 June 1947 Oct. 8 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 and that I last saw him/her alive on Oct 8 1947

Immediate cause of death
 Criteria - solvatic heart dis. 2-4-4

DURATION
 6 mo.

Due to: Emphysema + Starvation

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations
 None Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

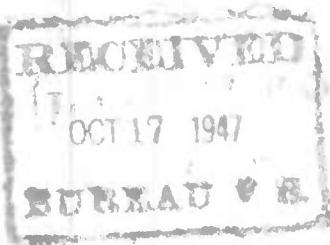
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Glenlyn, M.D. M.D. or other

Pocomoke City, Md. Date signed 10-14-47

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09370
46e

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLACE OF DEATH:

County

Somerset

City or town

Calgary - Pr. Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ada Ella Ruark

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

widowed

6. (b) Name of husband or wife

Henry Ruark

7. Birth date of deceased (mo., day, yr.)

Jan 15 1874

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hre.

min.

9. Birthplace

East Princess Anne, Somerset Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

William Jones

12. Name

Princess Anne Md.

13. Birthplace

Princess Anne Md.

14. Maiden name

Ada Fleming

15. Birthplace

Princess Anne Md.

16. Informant

Mrs. Clifton Peterman

Address

Princess Anne, Md.

17. Burial

Date thereof Oct 16 1947

(Burial, cremation, or removal. Which?)

(month)

(day)

(year)

Cemetery or crematory

Friendship Cemetery

Location

East Princess Anne Md.

18. Funeral director

Dale Nashell

Addressee

Princess Anne Md.

Oct. 17 47

19.

(Date rec'd by registrar)

R.H. Johnson M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Route #1

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 14 47 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 15 47 to Oct 11 47

and that I last saw her alive on Oct 11 47

Immediate cause of death

Carcinoma of large Colon

DURATION

6 mo

Due to

Due to

Other conditions

Arteriosclerosis

Heart Disease

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

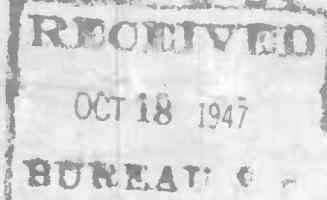
23. SIGNATURE

Frank Latuski MD

M. D. or other

Address

Princess Anne Date signed Oct 16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a
09371

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Lonaud

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Before

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Margaret L. Lauer

4. Sex Female 5. Color or race White Widow

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife James L. Lauer

7. Birth date of deceased (mo., day, yr.) August 10, 1867

8. AGE: Years Months Days If less than one day
80 1 24 hrs. min.

9. Birthplace Somerset, Pa.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Washington S. Crosswell

13. Birthplace Virginia

14. Maiden name Julia A. Potter

15. Birthplace Somerset, Pa., Md.

16. Informant Adeline Lee

Address Lonaud, Md.

17. Burial Date thereof Oct. 6, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lonaud

Location Lonaud, Md.

18. Funeral director Wm. E. Lauer

Address 301 Main St., Lonaud, Md.

19. Oct. 7. 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Lonaud

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 S. Somerset Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11, 1947, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 to Oct. 4, 1947, and that I last saw her alive on Oct. 4, 1947.

Immediate cause of death cerebral hemorrhage

Due to hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sarah M. Payton, M.D.

M. D. or other

Address Crofton, Md. Date signed Oct. 6, 1947

RECEIVED

OCT 9 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09372

93d

268

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

County.....

City or town.....

Somerset
James Quarters Rd

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

87 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Male Blk Widower

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Jan. 1860

8. AGE: Years Months Days If less than one day

87 9 hrs. min.

9. Birthplace.....

(Name, county, and state) Somerset

10. Usual occupation..... Waterman

11. Industry or business..... Oystering

12. Name..... George White

13. Birthplace..... Somerset

14. Maiden name..... Mary Groge James

15. Birthplace..... Somerset

16. Informant..... Isaac White

Address..... James Quarters Rd

17. (Burial, cremation, or removal. Which?) Burial Date thereof Oct 21-47

Cemetery or crematory..... James Quarters M.E. Col.

Location..... Somerset

18. Funeral director..... H. Silverstein

Address..... Deaf Island Rd

19. Oct 21 1947 Lala S. Wheately

(Date rec'd by registrar) Registry

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County..... Somerset

City or town..... James Quarters (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 19th 1947 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 10th 1947 to Oct. 19 1947

and that I last saw him alive on Oct. 13th 1947

Immediate cause of death..... Chronic myocarditis 2 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Eddie G. Mansooran

M. D. or other

Address..... Princess Anne Rd Date signed..... Oct 20 1947

RECEIVED

OCT 29 1947

BUREAU OF INVESTIGATION